

Maine CDC/DHHS Public Health Update

April 23, 2010

IN THIS UPDATE:

(click on the title below to go to a section)

HEALTH INSURANCE REFORM

LYME DISEASE

PUBLIC HEALTH NURSING PROGRAM RECEIVES ACCREDITATION

INFLUENZA UPDATE

STD UPDATE

NEW SMOKELESS TOBACCO PRODUCT

OTHER IMPORTANT UPDATES - [United Health Rankings](#), [Maine CDC's Health Data Update](#), [ID Conference](#), [FDA website](#)

STAY UPDATED

HEALTH INSURANCE REFORM

The Congressional Research Service issued [this 100-page report](#) reviewing the public health, health workforce, and quality provisions in the [Patient Protection and Affordable Care Act](#) (health insurance reform).

Healthreform.gov is a comprehensive federal website on health care reform, including this [webpage](#) with information on Maine. [This link](#) on the same site has information about dependent adults under age 26 being eligible for health insurance in advance of September's start up date.

This [open letter from the president and CEO of the Maine Health Access Foundation](#) includes a summary of the health reform legislation and how it relates to Maine. It also includes links to other summaries.

LYME DISEASE

A special Review Panel has unanimously agreed that no changes need be made to the 2006 Lyme disease treatment guidelines developed by the Infectious Diseases Society of America (IDSA), the nation's pre-eminent authority on infectious diseases. These guidelines promote a short-term course of antibiotics for the treatment of Lyme disease.

IDSA's guidelines, voluntarily used by physicians to help them decide what treatments are best and safest for patients, were the subject of an antitrust investigation about whether the guidelines' authors had conflicts of interest and failed to consider divergent medical opinions. IDSA maintains those assertions were unfounded and voluntarily agreed to a one-time special review of the guidelines by an independent scientific Review Panel whose members were certified to be free from any conflicts of interest by an independent ombudsman.

The review panel concurred that IDSA's guidelines, which stated that long-term antibiotic treatment is unwarranted and potentially dangerous, are medically and scientifically valid and do not need to be changed. The full report is available [here](#).

Follow these links for more information on [Lyme disease in Maine](#) or [recently signed legislation to expand Lyme disease awareness in Maine](#).

PUBLIC HEALTH NURSING PROGRAM RECEIVES ACCREDITATION

The Maine [Public Health Nursing Program](#) has been granted initial accreditation for quality home and community care by the Community Health Accreditation Program (CHAP).

To earn CHAP accreditation, Maine Public Health Nursing Program voluntarily completed an intensive process of self-evaluation, which was followed by a lengthy on-site review by CHAP experts. During this review, CHAP staff conducted interviews with Public Health Nursing staff, reviewed documentation, observed patient care and interviewed patients. All aspects of patient care and care-providing staff management were evaluated. Evaluators looked at the structure of the program and its purpose; quality of the services and products; staff, financial and physical resources; and the ability of the program to be effective for years to come.

Maine Public Health Nursing Program has chosen to voluntarily seek this higher standard of excellence and earned a commendation – a rare occurrence in an initial accreditation - for its administrative and management techniques for team building that provide for a well-informed Public Health workforce.

INFLUENZA UPDATE

What's New with Flu?

Flu Activity. Flu activity decreased nationally last week. Read the full national report [here](#). Almost all the detectable influenza viruses in Maine and the U.S. remain the pandemic strain of H1N1 influenza.

Maine's influenza activity was coded "sporadic" last week due to increased levels of influenza like illness activity in the northern part of the state. Maine's weekly influenza surveillance report can be found [here](#). Two additional deaths were found through death certificates this week, both occurred in December. Both deaths were known confirmed cases that passed away approximately a month after onset of H1N1. They were both older than 64 years of age.

US CDC has updated its [information for people with disabilities](#) to include "5 Things People with Disabilities Need to Know about the Flu."

Ongoing Flu Issues:

Fall Flu Vaccine Campaign. Influenza vaccine is recommended for **all** people for the 2010-2011 season. Although Maine CDC does not and never has provided the majority of seasonal flu vaccine in Maine, we are able to purchase sufficient seasonal flu vaccine for the 2010-2011 season for:

- all Maine children ages 6 months to 18 years-old;
- employees of schools that are providing onsite vaccine clinics on school days;
- pregnant women and their partners;
- nursing home employees and residents;
- high risk adults in limited public health settings, the scope and number of such settings determined by our vaccine supply.

The decision on which populations we plan on purchasing vaccine for is based on several factors, including: populations designated by some of the vaccine funding sources available (federal funding sources for flu vaccine for some children); populations without other easy access to vaccine (homeless shelter residents); and people who are at high risk for severe complications (pregnant women, nursing home residents). Seniors and health care workers are in high priority groups for vaccine, but generally have existing access to flu vaccine that is not dependent on state dollars.

Please note that, as in years past, the only state-supplied vaccine earmarked for health care workers is for those who work in nursing homes. However, we strongly encourage all health care personnel, including EMS, to be vaccinated.

Anyone wishing to provide state-supplied flu vaccine in the fall must be a registered Maine Immunization Program (MIP) provider; those who are not currently MIP providers must complete and submit [the 2010 Provider Agreement form](#) by **April 30**. Vaccine order forms will be sent to all registered providers by the middle of May. More detailed instructions, including a timeline for fall flu vaccine campaign activities, are available in this [Health Alert](#).

Continue to offer flu vaccine. It is still important to continue to offer the H1N1 vaccine to those at high risk for severe disease or those who are in a high priority category and who may have been missed earlier. If someone is vaccinated now, they can still receive the seasonal flu vaccine in the fall, which will contain the 2009 H1N1 strain. Those who should be focused on for ongoing H1N1 flu vaccination include:

- women who are now pregnant;
- infants who are now 6 months of old or older;
- caregivers and household contacts of newborns and other young infants;
- people 65 and older who may have been waiting for others to be vaccinated;
- those with chronic diseases;
- all young people ages 6 months to 25 years of age; and
- all health care workers and EMS, including caregivers of people with developmental and/or physical disabilities.

In particular, US CDC strongly urges people with underlying health conditions and those over age 65 to get vaccinated against H1N1.

Vaccine supplies are plentiful and the circulating virus still closely matches the one in the pandemic vaccine. We have excellent [safety data](#) on the H1N1 vaccine.

Disposing of and Reporting Unused/Expired Vaccine

US CDC issued this [Q&A](#) on 2009 H1N1 flu vaccine with long-dated expirations. US CDC is also currently conducting a survey to determine how state laws affect the ability to ship expired vaccine for disposal. The results of this survey will help determine CDC's centralized national system for vaccine disposal.

Discarded vaccine needs to be reported to Maine CDC. Providers should report the doses discarded on the same [weekly reporting form for vaccine administration](#) – please note any discarded doses in the space between the two “Total” cells at the lower right corner of the form with a mark of “Expired (and discarded) doses.” Since a centralized disposal system is anticipated, at this point in time we recommend health care providers to hold expired vaccine, which does not need to be kept refrigerated.

STD UPDATE

Maine CDC has issued a [Health Alert](#) for clinicians on increased gonorrhea in Maine to ensure appropriate diagnosis and treatment and prevent further transmission.

In the first three months of 2010, 60 people have been diagnosed with gonorrhea, with the majority in Androscoggin and Cumberland counties. Eighty- two percent (82%) of cases were diagnosed in people ages 15-29. These numbers represent an increase of 54% since the last three months of 2009, and an increase of 93% compared to the same period in 2009.

This [press release](#) discusses the health impacts of STDs in light of April being STD awareness month.

The [2009 report on HIV/AIDS in Maine](#) has also been posted.

NEW SMOKELESS TOBACCO PRODUCT

The [Partnership for a Tobacco-Free Maine](#) (PTM) is the Maine CDC's tobacco prevention and control program. Its mission is to reduce death and disability from tobacco use among Maine citizens by creating an environment supportive of a tobacco-free life.

Snus is a new smokeless tobacco product that can be found nationwide and is becoming more prevalent. Consumption of smokeless products has risen over the past few years as cigarette consumption has decreased.

A recent [segment on 60 Minutes](#) about snus may not have presented enough information about the harmful effects of these products, such as:

- Tobacco is tobacco. ALL tobacco is harmful. Snus is not a safe alternative to smoking. National agencies such as CDC, NCI, and NIH all recommend that any form of tobacco be avoided and discontinued.
- Maine's strong tobacco laws have been proven to discourage youth smoking and support people seeking tobacco treatment, but these new products counter our efforts. Smokers wishing to quit should be encouraged to use approved methods such as counseling, NRT, and medications.
- These products appeal especially to young people and can be a gateway to addiction. These products can be used discretely and are advertised as a way to circumvent smoke-free laws. The piece also briefly discusses the new dissolvables and how they are attractive to youth.
- Using smokeless products can, in a dual user, increase the level of addiction to nicotine. These products allow the individual who may have otherwise quit smoking to perpetuate his or her addiction to nicotine by allowing use in areas where smoking is prohibited.
- Swedish snus and U.S. snus are not the same product. They are regulated and manufactured differently. Dr. Fagerstrom discusses the Swedish form. The Swedish version contains fewer toxins than the American counterpart. Long term research on the health effects of the U.S. snus does not exist.
- Placement of advertising for new products is an issue (most signs are on convenience store entry doors below the waist high handle to become familiar and seen by children). This is not addressed in the piece.
- These are cheap products – they cost about half the price of a pack of cigarettes. Taxes on non-cigarette products have not increased at the same rate as taxes on cigarettes. Increased prices discourage initiation among youth and young adults, prompt quit attempts, and reduce consumption among current users.
- The very fact that the tobacco industry is promoting these products as a harm reduction tool should be concerning to us. Harm reduction is neither an acceptable nor ethical public health practice.

OTHER IMPORTANT UPDATES

- **Health Rankings.** The [United Health Foundation's health rankings](#) have Maine ranked as the ninth healthiest state, up from 12 last year. Highlights include low violent crime, high insurance rates, and high rates of prenatal care.
- **Maine CDC's Health Data Update on the Maine Tracking Network.** Birth outcome data are now available through the [Maine Tracking Network](#), a partner in the National Environmental Public Health Tracking Network. Maine Tracking Network strives to improve public health by making data on environmental hazards and health effects easier to find and use. These data can be used to help understand vulnerable Maine populations, target public health prevention efforts, and evaluate the success of these efforts.
- **Infectious Disease Conference.** Since 1983, Maine CDC's Division of Infectious Disease has organized an annual infectious disease conference targeting public health issues of emerging concern. This year's conference will be held from **8 a.m. to 4 p.m. November 9 at the Augusta Civic Center**. Health care practitioners, laboratorians, and public health partners are invited to receive current information on surveillance, clinical management and diagnosis, and disease control interventions. The conference will feature cases of interest, epidemiology presentations, and clinical updates. Click [here](#) for more information and to register.
- **New FDA web site.** The US Food and Drug Administration (FDA) has launched [this new web site](#) to make information about the work of its offices available to the general public.

STAY UPDATED

- **Follow Maine CDC's Social Media Updates:**
 - Facebook (<http://www.facebook.com/MaineCDC>)
 - Twitter (<http://twitter.com/MEPublicHealth>)
 - MySpace (www.myspace.com/mainepublichealth)
 - Maine CDC's Blog (<http://mainepublichealth.blogspot.com>)
- **For clinical consultation and outbreak management guidance**, call Maine CDC's toll free 24-hour phone line at: 1-800-821-5821.
- **For general questions on flu**, call 2-1-1 from 8 a.m. to 8 p.m. seven days per week or e-mail flu.questions@maine.gov